STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

FOR OFFICIAL USE ONLY

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Department in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.

PLEASE PRINT DATE

NAME _____ (First) _____ (Middle) _____ (Last)

ADDRESS _____ (Street) _____ (Apt. Number) _____ (City) _____ (County) _____ (ZIP Code)

TELEPHONE NUMBER: WORK (___) _____ (Area Code) HOME (___) _____ (Area Code)

I prefer to be contacted by telephone at work/home: Days: _____ Time: _____

Person to contact if you cannot be reached or if you move:

Name _____ TELEPHONE (___) _____ (Area Code)

I WISH TO COMPLAIN AGAINST: (Name and address of company, government entity [city, county, state], employment agency, union, etc.)

NAME _____

ADDRESS _____ (Street) _____ (City) _____ (County) _____ (ZIP Code)

TELEPHONE NUMBER: WORK (___) _____ (Area Code) NUMBER OF EMPLOYEES (Estimate, if necessary) Job Site _____ Company-Wide _____

I WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)

NAME _____

TITLE _____ TELEPHONE (___) _____ (Area Code)

ADDRESS _____ (if known) (Street) _____ (City) _____ (County) _____ (ZIP Code)

EMPLOYER LISTED ON W-2 FORM:

NAME _____

ADDRESS _____ (if known) (Street) _____ (City) _____ (County) _____ (ZIP Code)

(CONTINUE ON BACK IF NECESSARY)

1. I believe I was discriminated against because of my (please circle):

❑ Race ❑ Sex ❑ Cancer ❑ Pregnancy ❑ Age (40 and over)

❑ Color ❑ Sexual Orientation ❑ Genetic Characterisitcs ❑ Marital Status ❑ Denial of Family Care Leave

❑ Religion _____ *(Please specify)* ❑ Disability (including AIDS) _____ *(Please specify)* ❑ National Origin/Ancestry _____ *(Please specify)*

2. Circle the discriminatory treatment and indicate the ***date occurred***:

Terminated/Laid Off _____ Not Hired _____ Denied Promotion _____ Harassed _____

Denied Leave (Pregnancy/Family Care Leave) _____ Denied Accommodation _____ Denied Equal Pay _____

Denied Accommodation for Pregnancy _____ Impermissible Non-Job-Related Inquiry _____

Retaliation _____ Other _____

3. Why do you believe the unfair treatment was discrimination? (If others were treated better than you, give names, addresses and examples.)_____

_____

4. List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence. Explain what you think each witness will be able to tell us.

Name and Address	Title/Relationship	Telephone Numbers Home Work

Can provide information regarding: _____

_____

_____

Name and Address Home Work	Title/Relationship	Telephone Numbers

Can provide information regarding: _____

_____

_____

(Use extra sheets of paper for additional witnesses, if necessary.)

5. EMPLOYMENT DATA: (Complete as many items as you can.)
   - A. Date hired or applied for job: _____
   - B. Job title/salary at time of discrimination: _____
   - C. Name and title of immediate supervisor or interviewer: _____
   - D. If you? your employment was terminated, who replaced: _____
   - E. If your employment was terminated or if you were refused a job, have you since been employed? Yes _____ No _____
     Date of hire:_____ Salary:_____ Job Title:_____
   - F. If not hired:
     - < How did you know about the job and/or salary?_____
     - < Did you apply by written application or verbally?_____
     - < To whom did you submit the application?_____ Date_____
     - < How did you find out you had been refused?_____ Date_____
     - < Who got the job, salary, etc. (if known)?_____

6. Have you filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) before coming to DFEH? Yes _____ No _____ Date _____

7. Have you talked to an attorney concerning this problem? Yes _____ No _____

   NAME _____ TELEPHONE (___) _____
   Area Code

   ADDRESS_____

8. PERSONAL DATA:

RACE/ETHNICITY (Check box that best describes) Native American Asian/Pacific Islander (specify) _____ African-American African – Other Caucasian (non-Hispanic) Hispanic (specify) _____	PRIMARY LANGUAGE _____

SOCIAL SECURITY NUMBER: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ (The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)	DATE OF BIRTH ___ ___ / ___ ___ / ___ ___	SEX: Male Female

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say the employer's position will be?

Comparative data/relevant information:

What does Complainant want as a remedy?

Complaint taken for investigation: Yes ___ No ___ If **NO**, was "b" offered? Yes ___ No ___
If taken for filing purposes only, explain why:

If not taken, rationale:

Complainant advised of Pilot Mediation Program? Yes ___ No ___
Complainant advised of statute of limitations? Yes ___ No ___ Date statute runs: _____
Complainant advised of other agencies? Yes ___ No ___

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DFEH CODE: LAW ____ BASIS ___ ___ ACT ___ ___ REJECT ___ PUBLIC ___